

District: \_\_\_\_\_

Effective Plan Dates: From:\_\_\_\_\_ To:\_\_\_\_\_

Child's Full Name:\_\_\_\_\_ Birthdate:\_\_\_\_\_ Initial IFSP\_\_\_\_\_ IFSP Review\_\_\_\_\_ Amendment\_\_\_\_\_

Address:\_\_\_\_\_ CBIS#\_\_\_\_\_ Phone#\_\_\_\_\_

Team Members:

<u>Printed Name</u>	<u>Discipline</u>	<u>Agency</u>	<u>Phone</u>	<u>Signature/Authorization</u>	<u>Date</u>	<u>2</u>	<u>Disc</u>	<u>2</u>	<u>Ag.</u>
_____			_____	_____	_____				
Parent/Guardian									
_____			_____	_____	_____				
Parent/Guardian									
_____			_____	_____	_____				
*primary Service Coordinator									
_____			_____	_____	_____				
Initial Service Coordinator									
_____			_____	_____	_____				
_____			_____	_____	_____				
_____			_____	_____	_____				
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_____			_____	_____	_____				
_____			_____	_____	_____				

\*Backup Primary Service Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

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ELIGIBILITY

INITIAL IFSP:

\_\_\_\_\_ ELIGIBLE for First Steps based on:

\_\_\_\_\_ ESTABLISHED RISK DIAGNOSIS: DIAGNOSIS \_\_\_\_\_

\_\_\_\_\_ DEVELOPMENT DELAY \_\_\_\_\_

\_\_\_\_\_ CLINICAL JUDGEMENT: DETERMINED BY \_\_\_\_\_, DATE \_\_\_\_\_

\_\_\_\_\_ NOT ELIGIBLE FOR FIRST STEPS. This child does not meet Kentucky's eligibility based on developmental delay, established risk, or clinical judgment. If you have further concerns about this child's development before the 3rd birthday, you may contact First Steps again to discuss these concerns.

\_\_\_\_\_ ELIGIBILITY PENDING: Eligibility cannot be determined by the Primary Level Evaluation or established risk diagnosis. The IFSP Team has requested clinical judgment determination. This Interim IFSP is developed and in effect until eligibility is determined. The IFSP Team decides whether services should be initiated, what services should be initiated and when.

IFSP REVIEW:

\_\_\_\_\_ Continued eligibility is not in question at this time.

\_\_\_\_\_ IFSP recommends continued eligibility should be determined by re-evaluation.

## Child's Present Level of Development

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Adjusted Age: \_\_\_\_\_ Date: \_\_\_\_\_

	Information Provided by:
<b>Vision/Hearing/Health Immunizations</b>	
<b>Personal - Social Development</b> (Getting along with others)	
<b>Adaptive Development</b> (Doing things for him/herself)	
<b>Motor Development</b> (Movement)	
<b>Communication Development</b> (Understanding and expression)	
<b>Cognitive Development</b> (Thinking and learning)	

## Family Concerns, Priorities and Resources

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**CONCERNS:** What concerns do you have regarding your child's development?

**PRIORITIES:** How would you like First Steps to address your concerns in a manner to fit in to your family routines and schedules?

**RESOURCES:** What helps you care for your child?

**Please Check**

☐ Family Rights Handbook Statement of Assurances Reviewed

Child and Family Outcome Plan

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

☐ Amendment  
Date: \_\_\_\_\_

Outcome#	Date Initiated	Child/Family Outcomes (statement of change for family or child)	Strategies/Activities (Practical suggestions to meet outcomes)	Responsible Parties/Services (who, frequency, intensity)	Setting/Location (home, center, individual, group, integrated disciplines)	Review and Progress (Dates achieved, family comments and family initials)

Natural Environment: YES \_\_\_\_\_ NO \_\_\_\_\_ If no, explain: \_\_\_\_\_

### Other Important Information

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

[illegible]

Transition Plan

Child's Name:\_\_\_\_\_DOB:\_\_\_\_\_Date:\_\_\_\_\_

Date Initiated	Child/Family Outcomes (statement of change for family or child)	Strategies/Activities (Practical Suggestions to meet outcomes)	Responsible Parties/Services (who)	Review and Progress (Family comments and family initials)

Include specific family comments relative to outcome achievement